

Transdermal Verapamil 15% Gel

Helpful Tools

for Dupuytren's Disease

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The tools in this section will help your patient communicate better with you about their condition and improvements as they go through treatment. Click on a link below to view a section of this packet.

[Transdermal Verapamil 15% Gel discount voucher](#) - Your patient can submit the voucher with their new prescription and receive an additional \$90 off the usual 10% discount offered on a 90 day supply.

[Symptom checklist](#) - This checklist of common symptoms will help your patient to provide you specific information about their condition.

[Questions for the doctor](#) - This tool is designed to help patients ask questions about their condition and includes common questions as well as an area for their unique questions.

[Progress report card](#) - Your patients can use this tool to track and communicate to you what changes and improvements they are seeing in their condition.

[Insurance questionnaire](#) - This tool will help guide your patients' conversation with their insurance company to determine if insurance will reimburse them for Transdermal Verapamil 15% Gel.

Receive an additional \$90 dollars off a 90 day prescription of Transdermal Verapamil 15% Gel

PDLabs is offering patients an additional \$90 off a 90 day supply of Transdermal Verapamil 15% Gel. This savings is in addition to the 10% discount already offered on a 90 day prescription.

How to redeem this voucher

You must have a valid prescription from your doctor for a 90 day prescription of Transdermal Verapamil 15% Gel. Print this voucher and submit it with your 90 day prescription to PDLabs via fax at 1-866-687-2217. If your doctor has sent your prescription directly to PDLabs, print this voucher and submit it at the same fax number and indicate below that your prescription has already been sent in.

Please check one:

- I am submitting my prescription with this voucher.
- My doctor has sent my prescription to PDLabs and I am submitting the voucher only.

Patient's name: _____
(Please Print)

Patient's signature: _____

Date: _____

Voucher Code: TVG208A

Dupuytren's Disease Symptom Checklist

Use the checklist of common symptoms below to help your doctor understand what you are experiencing and how your condition is affecting you. This will help them to decide what the best possible treatment options are for your specific case.

Left Hand

Firm lumps

How many? _____

Where is it located? _____

Cords

How many? _____

Where is it located? _____

Dermal pits

How many? _____

Where is it located? _____

Pain on a scale of 1 to 10 _____

Finger contracture

Which fingers? _____

Approximately how many degrees of contracture?

(assume fingers laying perfectly flat on a table top to be 0 degrees and contracted completely to the palm 180 degrees) _____

Right Hand

Firm lumps

How many? _____

Where is it located? _____

Cords

How many? _____

Where is it located? _____

Dermal pits

How many? _____

Where is it located? _____

Pain on a scale of 1 to 10 _____

Finger contracture

Which fingers? _____

Approximately how many degrees of contracture?

(assume fingers laying perfectly flat on a table top to be 0 degrees and contracted completely to the palm 180 degrees) _____

How much did the contracture interfere with your normal work, including work outside the home and housework during the past week?

Not at all A little bit Moderately Quite a bit Unable to work

How much does your contracture interfere with your life and ability to do simple tasks?

Not at all A little bit Moderately Quite a bit It completely prevents normal life

Use this area to note anything else you have noticed.

Questions for the Doctor

Most of us have visited our doctor and remembered the one question we really wanted to ask five minutes after we left. Using this tool will help make sure that you are prepared for your appointment and that you remember all of your questions.

Doctors are commonly asked the questions below about Dupuytren's disease. Check off the questions you want to be sure to ask:

- How did I get this condition?
- Are the lumps cancerous?
- Why are the lumps painful?
- Will the lumps get smaller on their own over time?
- I have lumps in my feet and/or penis as well. Are they related?
- Are there other parts of the body that the condition can affect?
- Is the condition hereditary?
- What are the different treatment options?

Use this area to write down your specific questions.

Progress Report Card

Before each visit with your doctor use this helpful tool to record the changes you have seen since your last visit. You might be surprised how quickly you can forget about symptoms as they improve. This list will help to identify improvements in areas that you may have forgotten about, or symptoms that are not improving that you need to talk to your doctor about.

Date: _____

Firm lumps

How many? _____

Is it smaller? Yes No

Approximately how much? _____

Is it softer? Yes No

Approximately how much? _____

Cords

How many? _____

Is it smaller? Yes No

Approximately how much? _____

Is it softer? Yes No

Approximately how much? _____

Dermal pits

How many?

Is it less indented? Yes No

Approximately how much? _____

Pain on a scale of 1-10 _____

Finger contracture

Approximately how many degrees of contracture?
(assume fingers laying perfectly flat on a table top
to be 0 degrees and contract completely to the
palm 180 degrees) _____

How much did the contracture interfere with your normal work, including work outside the home and housework during the past week?

- Not at all A little bit Moderately
 Quite a bit Unable to work

How much does your contracture interfere with your life and ability to do simple tasks?

- Not at all A little bit Moderately
 Quite a bit It completely prevents normal life

Date: _____

Firm lumps

How many? _____

Is it smaller? Yes No

Approximately how much? _____

Is it softer? Yes No

Approximately how much? _____

Cords

How many? _____

Is it smaller? Yes No

Approximately how much? _____

Is it softer? Yes No

Approximately how much? _____

Dermal pits

How many?

Is it less indented? Yes No

Approximately how much? _____

Pain on a scale of 1-10 _____

Finger contracture

Approximately how many degrees of contracture?
(assume fingers laying perfectly flat on a table top
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- Not at all A little bit Moderately
 Quite a bit Unable to work

How much does your contracture interfere with your life and ability to do simple tasks?

- Not at all A little bit Moderately
 Quite a bit It completely prevents normal life

About Your Insurance Reimbursement

Many insurance companies reimburse our patients for their medication, but some do not. Prescription Dispensing Laboratories cannot be responsible for collecting your reimbursement for you. The items listed below may help you ascertain your coverage and limitations as well as provide you with information to assist in obtaining reimbursement. Ask your insurance representative all of these questions:

Questions to Ask Your Insurance Carrier:

- 1) My doctor has prescribed Transdermal Verapamil 15% Gel, a compounded medication. Does my plan cover compounded prescriptions?
- 2) If so, does it cover (NDC# 38779-0275-04) Verapamil HCl in a compound medication?
- 3) As this is a proprietary, patented, sole source prescription medication, I am required to go out of network and pay “out of pocket.” Does this alter the percentage of reimbursement? If so, how?
- 4) At what rate am I covered? What percentage of coverage can be expected?
- 5) Upon filling my prescription, PDLabs pharmacy will provide a universal claim form and paid invoice to submit for reimbursement. Does my plan have a specific form which is to be filled out? If so, please send several to my address. If not, please confirm the address that submittals must be sent to.
- 6) The length of treatment is expected to be 9 to 12 months. Is there a restriction on my plan for the number of days supply allowed for out of network, compounded prescription medications?
- 7) Is a prior authorization required for reimbursement?
- 8) Will you please provide your name and direct extension?

Please write down the name of the person you spoke with, their extension, the date and time of the conversation, and any specific answers that were given so that you may contact that same person for follow-up at a later date if needed. If the person you are speaking with will not answer these questions or is unaware of how to respond, ask to speak with a supervisor or manager.

- Most states have sole source laws protecting patients from insurance companies who attempt to deny payment simply because a drug cannot be provided within their system. PDLabs is the only pharmacy licensed to compound Transdermal Verapamil Gel. It is not legal for insurance companies to refer their patients to in-network pharmacies or to attempt to compound this medication.
- Denial based on ‘off-label’ use, i.e., the FDA has not approved it for this indication, is not a valid denial reason since insurance companies regularly reimburse for the off-label use of many drugs (e.g. erythromycin, an antibiotic, to treat bowel motility problems and amitriptyline, an antidepressant, to treat pain). Most do not know what the drugs were prescribed for since they were billed over a computer system from a pharmacy.
- Denial on the basis that the medication is compounded is not valid because you have a legal and valid prescription for a medically necessary treatment.